

# BALLARD PEDIATRIC CLINIC

## NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

*Ballard Pediatric Clinic (BPC or “we”) is required by law to maintain the privacy of your health information, to provide you with a notice of its legal duties and privacy practices, and to follow the information practices that are described in this notice. This notice explains how your health information may be used and/or disclosed. You have a right to request and receive a paper copy of this notice. BPC will not use or disclose your health information except as described in this notice.*

### USING INFORMATION

#### Using Personal Health Information

Each time you visit a physician or other health-care provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, treatment and a plan for the future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided

Understanding what is in your record and how your health information is used will help you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosures to others

#### Examples of Disclosures for Treatment, Payment and Health Operations

The following categories describe the ways that we may use and disclose your health information, without obtaining your specific consent for each use or disclosure.

##### *Treatment*

We will use your health information to provide treatment to you. For example, nurses, physicians or other members of your health-care team will record information in your record and use that information: to determine a course of treatment, tests, therapies and medications; to carry out treatment; and to understand and evaluate your response to treatment. We may also disclose your health information to people who may be involved in your medical care after you leave BPC, such as family members and other health-care providers.

##### *Payment*

We will use your health information as documentation to obtain payment for our services. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, your diagnosis, dates of service, procedures and supplies used.

##### *Routine health-care operations*

We will use your health information to carry out health-care operations. For example, members of the medical staff, or the quality-improvement team, may use information in your health record to assess the care, and outcomes in your case and others like it. This helps evaluate the performance of our staff in caring for you.

#### Other Uses and Disclosures

We may also use or disclose your health information to meet special reporting requirements, to facilitate continuity of care, or for public-health reasons or other purposes. Such uses or disclosures include:

- Family and friends who are involved in your medical care.

- Businesses with whom we contract for services, (examples include consultants, accountants, lawyers, medical transcription, and third-party billing companies). We require these businesses to protect the confidentiality of your health information.
- The Food and Drug Administration, such as to report adverse events.
- Data for health oversight activities, such as auditing or licensing.
- Reports on communicable diseases.
- Reports to employers for work-related illness or injuries.
- Reports on abuse, neglect or domestic violence.
- To avert a serious threat to health or safety or to prevent serious harm to an individual.
- As required by law, such as for law enforcement or in response to a subpoena or court order.
- Coroners and medical examiners, as necessary, to carry out their duties.
- Specialized government functions, for example, as required by military authorities.
- Workers compensation.
- We may provide you with information about treatment alternatives or new health-related services that may be of interest to you.
- Appointment reminders.

All other uses and disclosures will be made **ONLY** with your written authorization, which you have the right in most cases to revoke.

### **Special Authorization**

Federal and state laws provide special protections for certain kinds of personal health information (such as information about sexually transmitted and other communicable diseases, drug and alcohol abuse, certain mental-health services). These laws require us to obtain specific authorizations from you to disclose information. When your personal health information falls under these special protections, we will ask you for the required authorization to comply with these laws.

### **Washington State Laws regarding Minors**

Patients under the age of eighteen (18) cannot consent to medical care unless one or more of the following exceptions apply:

- Emancipation or marriage to a spouse over 18
- Emergency medical care
- Birth control
- Pregnancy termination and any medical condition related to pregnancy
- HIV and sexually transmitted diseases (14 yrs and older)
- Outpatient substance abuse (13 yrs and older)
- Outpatient mental health (13 yrs and older)

### **Your Rights regarding Protected Health Information (PHI) about you**

Under federal law, you have the following rights regarding PHI about you:

#### ***Right to Request Restrictions:***

You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, (for example, if the information is needed to treat you in case of an emergency). To request restrictions, please contact our Privacy Official.

#### ***Right to Receive Confidential Communications:***

You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. Please contact our Privacy Official for this request. You must specify how you would like to be contacted (for example, by regular mail or your post office box and not your home). *We are required to accommodate only reasonable requests.*

#### ***Right to Inspect and copy:***

You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

***Right to Amend:***

You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, please contact our Privacy Official. You must also give us a reason for your request. We have the right to deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

***Right to Receive an Accounting of Disclosures:***

You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six (6) years, other than disclosures made for treatment, payment and health care operations. If you wish to make a request, please contact our Privacy Official.

**COMPLAINTS**

If you are concerned that we have violated your privacy, or you disagree with the decision we made about access to your record, you may contact our Privacy Official at:

**Ballard Pediatric Clinic  
Karen Ramaley  
7548 15<sup>th</sup> Ave NW  
Seattle, WA 98117  
206-786-3524**

You may also send a written complaint to the Washington State Department of Health at:

**Washington State Department of Health  
510 4<sup>th</sup> Ave. W., Suite 404  
Seattle, WA 98119  
1-800-633-6828**

You may also contact the Secretary of Health and Human Services if you feel your privacy rights have been violated. BPC will *not* retaliate against you for filing any complaint.

**Changes to this notice**

***This notice is effective as of April 14, 2003. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain. The revised notice will be posted at our places of service. You can request a copy of the current notice any time by calling (206) 783-3524.***